

Seattle Anesthesia Services, PC

TIN - 113664079

2021 Price Transparency

Published 01/01/2021

Per state law (Alaska Statute 18.23.400), beginning January 1st, 2021 we are required to annually post a list of our 10 most frequently billed service codes from the six sections of Category I of the Current Procedural Terminology (“CPT codes”) book, as adopted by the American Medical Association. The six sections are:

Category	CPT Code Range
Evaluation and Management	99201-99499
Anesthesia	00100-01999; 99100-00140
Surgery	10021-69990
Radiology	70010-79999
Pathology and Laboratory	80047-89398
Medical Services & Procedures	90281-99199; 99500-99607

The state department responsible for overseeing this law is the State of Alaska Department of Health and Social Services (DHSS), their website is: <http://dhss.alaska.gov/Pages/default.aspx>.

In adherence to the law, Seattle Anesthesia Services, PC is listing our “undiscounted price.” These prices are taken directly from our fee schedule as of the publication date and are also reported to the Alaska Department of Health & Social Services. These prices may be higher than the amount actually paid for the services received depending on the individual’s circumstance (ie. Insurance Coverage, In-Network Contracts, Medicaid Coverage, Self Pay Arrangements, etc.).

You are entitled, upon request, to receive a good-faith estimate of reasonably anticipated charges for a given nonemergency service(s) prior to receiving those services and no later than 10 days following the receipt of your request. This estimate does not include facility fees or other charges incurred outside of the service rendered by a Seattle Anesthesia Services, PC provider. This estimate will be provided in the form of your choosing – Orally, Written, or Electronic. Seattle Anesthesia Services, PC will always provide you with a good-faith estimate when/if a surgical procedure is proposed. For estimate accuracy, Seattle Anesthesia Services, PC is unable to provide anesthesia estimates without the surgeon’s surgical codes.

Please do not hesitate to ask any questions.
Our billing office may be reached directly at 907-796-8631.

Seattle Anesthesia Services, PC

We are considered an “In-Network Provider” under your insurance policy if your Insurance Card shows any of the following:

Medicare, Medicaid, Tricare, Veteran Affairs, and Veterans Choice Program. For all other insurances, we are considered out-of-network and do not maintain contractual relationships that may reduce the price of our services, but our services are extended to everyone, regardless of their coverage.

**Anesthesia codes are based on the base unit for each procedure code.
The actual charge will differ depending on total time spent on the procedure**

Seattle Anesthesia Services, PC

- Professional Fee Schedule –

The following is a list of Seattle Anesthesia Services, PC's top 10 most commonly performed CPT procedures in the following categories:

Anesthesia

Surgery

Radiology

Medical Services & Procedures

Evaluation & Management

(Professional Fee charges)

For the most accurate Seattle Anesthesia Services, PC's professional fee billing information, please contact the billing department by phone at (907)796-8631.

Anesthesia

Seattle Anesthesia Services, PC's Professional Fee Schedule

Anesthesia codes are based on the base unit for each procedure code.

The actual charge will differ depending on total time spent on the procedure.

CPT Code	Procedure Description	Charge Amount
00170	Anesthesia for procedure on mouth including biopsy (professional fee only – Hospital facility charges billed separately)	\$635.00 <i>plus time</i>
00790	Anesthesia for procedure in upper abdomen including use of an endoscope (professional fee only – Hospital facility charges billed separately)	\$889.00 <i>plus time</i>
00840	Anesthesia for procedure in lower abdominal cavity including use of an endoscope (professional fee only – Hospital facility charges billed separately)	\$762.00 <i>plus time</i>

CPT Code	Procedure Description	Charge Amount
01214	Anesthesia for open total hip joint replacement (professional fee only – Hospital facility charges billed separately)	\$1,016.00 <i>plus time</i>
01400	Anesthesia for open or endoscopic procedure on knee (professional fee only – Hospital facility charges billed separately)	\$508.00 <i>plus time</i>
01402	Anesthesia for open or endoscopic total knee joint replacement (professional fee only – Hospital facility charges billed separately)	\$889.00 <i>plus time</i>
01480	Anesthesia for open procedure on bones of lower leg, ankle and foot (professional fee only – Hospital facility charges billed separately)	\$381.00 <i>plus time</i>
01630	Anesthesia for open or endoscopic procedure at upper arm and shoulder joint (professional fee only – Hospital facility charges billed separately)	\$635.00 <i>plus time</i>

CPT Code	Procedure Description	Charge Amount
01810	Anesthesia for procedure on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand (professional fee only – Hospital facility charges billed separately)	\$381.00 <i>plus time</i>
01967	Anesthesia for labor during planned vaginal delivery (professional fee only – Hospital facility charges billed separately)	\$635.00 <i>plus time</i>

Surgery

Seattle Anesthesia Services, PC's Professional Fee Schedule

CPT Code	Procedure Description	Charge Amount
31500	Emergent insertion of breathing tube into windpipe cartilage using an endoscope (professional fee only – Hospital facility charges billed separately)	\$762.00

CPT Code	Procedure Description	Charge Amount
36410	Insertion of needle into vein, patient 3 years or older (professional fee only – Hospital facility charges billed separately)	\$254.00
36556	Insertion of central venous catheter for infusion, patient 5 years or older (professional fee only – Hospital facility charges billed separately)	\$508.00
62270	Spinal tap for diagnosis (professional fee only – Hospital facility charges billed separately)	\$635.00
62272	Spinal tap with drainage of spinal fluid (professional fee only – Hospital facility charges billed separately)	\$1,016.00
64415	Injection of anesthetic agent and/or steroid into brachial nerve bundle of arm (professional fee only – Hospital facility charges billed separately)	\$1,016.00
64445	Injection of anesthetic agent and/or steroid into sciatic nerve of lower back and leg (professional fee only – Hospital facility charges billed separately)	\$889.00

CPT Code	Procedure Description	Charge Amount
64447	Injection of anesthetic agent and/or steroid into femoral nerve of thigh (professional fee only – Hospital facility charges billed separately)	\$889.00
64450	Injection of anesthetic agent and/or steroid into other peripheral nerve or branch (professional fee only – Hospital facility charges billed separately)	\$635.00

Radiology

Seattle Anesthesia Services, PC's Professional Fee Schedule

CPT Code	Procedure Description	Charge Amount
76942-26	Ultrasonic guidance imaging supervision and interpretation for insertion of needle (professional fee only – Hospital facility charges billed separately)	\$254.00

Medicine

Seattle Anesthesia Services, PC's Professional Fee Schedule

CPT Code	Procedure Description	Charge Amount
99100	Anesthesia for patient younger than 1 year and older than 70 years of age (professional fee only – Hospital facility charges billed separately)	\$127.00
99140	Anesthesia complication by emergency condition (professional fee only – Hospital facility charges billed separately)	\$254.00

Evaluation & Management

Seattle Anesthesia Services, PC's Professional Fee Schedule

CPT Code	Procedure Description	Charge Amount
99203	New patient (office or other outpatient) visit, typically 30 minutes	\$508.00

CPT Code	Procedure Description	Charge Amount
99252	Inpatient hospital consultation, typically 40 minutes	\$508.00
99291	Critical care delivery critically ill or injured patient, first 30-74 minutes	\$1,016.00
99360	Prolonged physician standby service, each 30 minutes	\$508.00

CPT® Copyright 2021 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. The CPT codes are provided “as is” without warranty of any kind. The AMA specifically disclaims all liability for use or accuracy of any CPT codes.